

Attach a clear, full-face passport-style photograph (2"x 2") of your head and shoulders, taken within the past six months.

A photo is required with each application.

Do not use a paper clip to attach the photo.



Application  
number \_\_\_\_\_  
Date \_\_\_\_\_, \_\_\_\_\_

## ***New Jersey Office of the Attorney General***

Division of Consumer Affairs  
State Board of Professional Engineers  
and Land Surveyors  
124 Halsey Street, 3rd Floor, P.O. Box 45015  
Newark, New Jersey 07101  
(973) 504-6460

# **Professional Land Surveyor Application**

A nonrefundable application filing fee of \$75, in the form of a check or money order made out to the State of New Jersey, must be submitted with this application. (Applicants should understand that if the application filing fee is paid with a personal check, and the check is returned by the bank due to insufficient funds, the next step in the licensure or certification process will be delayed until the fee is paid.)

The Division is precluded by law from disclosing to the public the place of residence of licensees or applicants, without their consent. However, you are required to provide an address that may be released to the public in our directories or in response to other requests (by putting a check in the appropriate box). If you provide your place of residence as your public address of record, we will assume that you have consented to have that address be disclosed. If you do not consent to the disclosure of your place of residence, you should provide an address of record other than your place of residence that may be released to the public. One of your addresses must include a street, city, state and ZIP code.

Information that you provide on this application (including your address of record) may be subject to public disclosure as required by the Open Public Records Act (OPRA).

**Please print clearly. You must answer all of the questions on this application.**

## **Personal Information**

Date of birth: \_\_\_\_\_  
Month Day Year

Place of birth: \_\_\_\_\_

1. Name ☐ Mr. \_\_\_\_\_  
☐ Mrs. \_\_\_\_\_ ( \_\_\_\_\_ )  
☐ Ms. \_\_\_\_\_  
Last name First name Middle initial Maiden name

### **2. Address**

☐ Home: \_\_\_\_\_  
Street or P.O. Box City State ZIP code County

\_\_\_\_\_  
Telephone number (include area code)

\_\_\_\_\_  
E-mail address

☐ Business: \_\_\_\_\_  
Name of company Telephone number (include area code)

\_\_\_\_\_  
Street City State ZIP code County

☐ Mailing: \_\_\_\_\_  
Street or P.O. Box City State ZIP code County

3. Social Security Number

You **must** provide your Social Security number to the Board or Committee. Failure to do so will result in denial/nonrenewal of licensure or certification.

\*Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

\*Pursuant to N.J.S.A. 54:50-24 et seq. of the New Jersey taxation law, N.J.S.A. 2A:17-56.44e of the New Jersey Child Support Enforcement Law, Section 1128E(b)(2)A of the Social Security Act and 45 C.F.R. 60.7, 60.8 and 60.9, the Board or Committee is required to obtain your Social Security number. Pursuant to these authorities, the Board or Committee is also obligated to provide your Social Security number to:

- a. the Director of Taxation to assist in the administration and enforcement of any tax law, including for the purpose of reviewing compliance with State tax law and updating and correcting tax records; and
- b. the Probation Division or any other agency responsible for child support enforcement, upon request.

4. Citizenship / Immigration Status

Federal law limits the issuance or renewal of professional or occupational licenses or certificates to U.S. citizens or qualified aliens. To comply with this federal law, check the appropriate box below which indicates your citizenship/immigration status. If you are not a U.S. citizen, attach a copy of your alien registration card (front and back) or other documentation issued by the Bureau of Citizenship and Immigration Services (B.C.I.S.).

- ☐ U.S. citizen  
☐ Alien lawfully admitted for permanent residence in U.S.  
☐ Other immigration status

Questions about your immigration status and whether or not it is a qualifying status under federal law should be directed to the B.C.I.S. at: 1-800-375-5283.

5. Student Loan

Are you in default in regard to any student loan obligation(s)? ☐ Yes ☐ No

If "Yes," you must obtain documentary evidence that you have reached an arrangement with the bank or with the entity that issued your student loan, for the eventual repayment of the loan. You will not be able to obtain a license or certificate unless you provide the required documents concerning the plan for repayment of your student loan.

6. Child Support

Please certify, under penalty of perjury, the following:

- a. Do you currently have a child-support obligation? ☐ Yes ☐ No
  - (1) If "Yes," are you in arrears in payment of said obligation? ☐ Yes ☐ No
  - (2) If "Yes," does the arrearage match or exceed the total amount payable for the past six months? ☐ Yes ☐ No
- b. Have you failed to provide any court-ordered health insurance coverage during the past six months? ☐ Yes ☐ No
- c. Have you failed to respond to a subpoena relating to either a paternity or child-support proceeding? ☐ Yes ☐ No
- d. Are you the subject of a child-support-related arrest warrant? ☐ Yes ☐ No

In accordance with N.J.S.A. 2A:17-56.44d, an answer of "Yes" to any of the questions a(1) through d will result in a denial of licensure or certification. Furthermore, any false certification of the above may subject you to a penalty, including, but not limited to, immediate revocation or suspension of licensure or certification.

\_\_\_\_\_  
Applicant's name (please print)

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date

7. Have you ever been convicted of a criminal offense? (Minor traffic offenses such as parking or speeding violations need not be listed; however, motor vehicle offenses such as driving while impaired or intoxicated must be disclosed.) ☐ Yes ☐ No  
If "Yes," provide a copy of the judgment of conviction and the release from parole or probation. Please provide a complete explanation. (Attach additional sheets of paper to this application.)
8. Have you ever been disciplined or denied a professional license or certificate or any other professional license or certificate in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No
9. Have you ever had a professional license or certificate of any type suspended, revoked or surrendered in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No
10. Has any action (including the assessment of fines or other penalties) ever been taken against your professional practice by any agency or certification board in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No
11. Have you ever been named as a defendant in any litigation related to the practice of professional land surveying or other professional practice in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No
12. Are you aware of any investigation pending against a professional license or certificate issued to you by a professional board in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No
13. Are there any criminal charges now pending against you in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No
14. Have you ever been sanctioned by or is any action pending before any employer, association, society, or other professional group related to the practice of professional land surveying or other professional practice in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No

If the answer to any of the above questions, numbers 8 through 14, is "Yes," provide a complete explanation of the circumstances leading to the action, and any supporting documentation, on separate sheets of paper.

## Present License Status

### Land Surveyor-in-Training:

- A. Do you currently have on file or have you ever filed a New Jersey land surveyor-in-training application or land surveyor-in-training certificate? ☐ Yes ☐ No

If the answer to the above question is "yes," please indicate the application or certificate number.

- B. Have you passed any portion of the land surveyor's examination in any other state? ☐ Yes ☐ No

If the answer to the above question is "yes," please list the states and the name of the examinations.

Exam	State	Number of Hours	Date	Certificate Number
Fundamentals				
Principles & Practices				
State Portion				
State Law Exam				

State of original license \_\_\_\_\_ Current or valid until \_\_\_\_\_

By examination \_\_\_\_\_ Number of hours \_\_\_\_\_ Also currently licensed in \_\_\_\_\_

### References of character and qualifications

Give the name and address of five references, none of whom are related to you. Three of these references must hold a valid United States land surveyor's license and have personal knowledge of the applicant's practice. No member of the Board will be accepted as a reference. Upon receipt of the reference forms, the applicant must distribute one form to each individual listed as a reference. The signature of each person used as a reference is not required below.

Name	Address	Licensed in the state of:	License Number	Familiar with work in engagement (See RPE on page 6. )
				Engagement number
				Engagement number
				Engagement number
				Engagement number
				Engagement number

## Education

(Fill out completely - Do not refer to other forms, etc.)

Name and location of institutions	Full-Time	Part-Time	Years from-to	Date Graduated	Curriculum	Degree Received
Preparatory Education Grammar, High and Private School						
Surveying or Engineering Education*						
College-University Education*						
Graduate Education*						

\* An official transcript must be sent **directly** to the Board from the institution. This requirement also applies to applicants educated in foreign countries.

## Report of Professional Experience (RPE)

For \_\_\_\_\_ by \_\_\_\_\_ Date \_\_\_\_\_  
Print Name Signature

[illegible]

**TOTALS ON THESE PAGES  
MUST BE THE SAME.**

### Detailed Breakdown of Surveying Experience

## Property-Line Experience

Time  
years & tenths

## Field Work

Rod Person

Instrument Person

Party Chief

## Supervision

## Record Research

## Office

### Note Reduction

## Subdivision Design

## Property-line calculations

## Plotting and Drafting

## Descriptions

## Supervision

## Other than property-line experience

## Horizontal and Vertical

Control for photo

## Computation

## Construction layout

## Geodetic work

## Control Surveys

## Topographic Surveys

Other

TIME

This page

**TOTALS**

**TOTALS ON THESE  
PAGES MUST BE THE SAME.**

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**FOR OFFICE USE ONLY**

Date of Examination	Grades			
	Fundamentals	Principles & Practices	New Jersey State Specific	New Jersey Law



# AFFIDAVIT

**This affidavit is to be executed by the applicant before a notary public:**

State of: \_\_\_\_\_

County of: \_\_\_\_\_

} ss.

I, \_\_\_\_\_, in making this application to the State Board of Professional Engineers and Land Surveyors for licensure or certification under the provisions of Title 45 of the General Statutes of New Jersey and the Rules of the State Board of Professional Engineers and Land Surveyors, swear (or affirm) that I am the applicant and that all information provided in connection with this application is true to the best of my knowledge and belief. I understand that any omissions, inaccuracies or failure to make full disclosures may be deemed sufficient to deny licensure or certification or to withhold renewal of or suspend or revoke a license or certificate issued by the Board.

I further swear (or affirm) that I have read N.J.S.A. 45:8-27 et seq., together with the Rules and Regulations of the State Board of Professional Engineers and Land Surveyors, N.J.A.C. 13:40-1.1 et seq., and fully understand that in receiving licensure or certification from the Board, I bind myself to be governed by them.

Furthermore, I voluntarily consent to a thorough investigation of my present and past employment and other activities for the purpose of verifying my qualifications for licensure or certification. I further authorize all institutions, employers, agencies and all governmental agencies and instrumentalities (local, state, federal or foreign) to release any information, files or records requested by the Board.

\_\_\_\_\_  
Applicant's signature

Sworn and subscribed to before me this \_\_\_\_\_  
day of \_\_\_\_\_, \_\_\_\_\_  
Month Year

\_\_\_\_\_  
Name of Notary Public (please print)

\_\_\_\_\_  
Signature of Notary Public

**Affix Seal Here**